



County of San Bernardino

**F A S**

**STANDARD CONTRACT**

**FOR COUNTY USE ONLY DO NOT  
ENCUMBER**

New	Vendor Code	Dept.	Contract Number				
X Change	CAMPMAR999	SC	A				
Cancel							
County Department		Dept.	Orgn.	Contractor's License No.			
Department of Children's Services							
County Department Contract Representative		Telephone		Total Contract Amount			
Panda Harris		(909) 388-0320		\$150,000			
Contract Type							
<input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input checked="" type="checkbox"/> Unencumbered <input type="checkbox"/> Other:							
If not encumbered or revenue contract type, provide reason: <u>Fee for Service</u>							
Commodity Code		Contract Start Date	Contract End Date	Original Amount	Amendment Amount		
		06/05/02	06/04/04	\$75,000	\$75,000		
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
CWS	DPA	DPA	300	3205	CMP146D4	\$150,000	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
Project Name		Estimated Payment Total by Fiscal Year					
Campership Services		FY	Amount	I/D	FY	Amount	I/D
		2002-03	\$75,000				
		2003-04	\$75,000	I			
Contract type - 1							

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, Department of Children's Services, hereinafter called the County, and

Name

Camp Mariastella

hereinafter called

Contractor

Address

2303 S. Figueroa Way

Los Angeles, CA 90007

Phone

Birth Date

(213) 745-7870

Federal ID No. or Social Security No.

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 1**

It is hereby agreed to amend contract #02-404 between the County and Camp Mariastella, as follows:

**Section VIII. Term**

Section VIII, page 11 of 13, is amended to read:

This Contract is effective as of June 5, 2002 and is extended from its original expiration date of June 4, 2003 to expire on June 4, 2004, but may be terminated earlier in accordance with provisions of Section IX of the Contract.

**Contract #02-404 A-1**

**Section X. General Provisions**

Add the following to Section X, Paragraph A, page 12 of 13:

County (***Insurance Information Only***):

County of San Bernardino  
c/o Insurance Data Services  
P. O. Box 12010-CB  
Hemet, CA 92546-8010

**All other terms and conditions remain in full force and effect.**

COUNTY OF SAN BERNARDINO

►  
Dennis Hansberger, Chairman, Board of Supervisors

Dated \_\_\_\_\_

SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD

Clerk of the Board of Supervisors  
of the County of San Bernardino.

By \_\_\_\_\_  
Deputy

Camp Mariastella  
\_\_\_\_\_  
(Print or type name of corporation, company, contractor, etc.)

By ►  
\_\_\_\_\_  
(Authorized signature - sign in blue ink)

Name Jennifer Gaeta  
\_\_\_\_\_  
(Print or type name of person signing contract)

Title Executive Director  
\_\_\_\_\_  
(Print or Type)

Dated \_\_\_\_\_

Address 2303 S. Figueroa Way  
\_\_\_\_\_  
Los Angeles, CA 90007  
\_\_\_\_\_

Approved as to Legal Form

►  
Ruth E. Stringer, County Counsel

Date \_\_\_\_\_

Reviewed by Contract Compliance

►  
Lori Ciabattini, HSS Contracts Unit

Date \_\_\_\_\_

Presented to BOS for Signature

►  
Cathy Cimbalo

Date \_\_\_\_\_

**Auditor/Controller-Recorder  
Use Only**

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By